

Labor & Delivery: Court Reviews Nurses' Legal Responsibility To Advocate For Patient.

The mother was already in labor when she was admitted to the hospital at 10:00 p.m.

At 1:30 p.m. the next afternoon the labor and delivery nurse charted that the mother was completely dilated but that the infant was not descending well despite good pushing efforts by the mother.

Twenty minutes later the ob/gyn tried repeatedly to get the infant out using a vacuum extractor over an interval of approximately twenty more minutes.

The extractor reportedly popped off multiple times, that is, the suction between the extractor and the fetal head broke down repeatedly due to the force being applied to pull out the infant being greater than the device was meant to withstand.

Then the ob/gyn went in with forceps to grasp the head and got the infant out. The infant was transferred to a tertiary care facility with multiple cranial injuries.

Legal Standard of Care

Labor & Delivery Nurses

The hospital's first line of defense to the lawsuit filed against the hospital by the mother and on behalf of the infant was to challenge the patients' nursing and medical experts' opinions on the legal standard of care applicable to labor and delivery nurses under the facts of the case.

The Court of Appeals of Texas ruled the experts did, in fact, correctly state the standard of care.

The ultimate issue, whether the ob/gyn would have listened and switched to a cesarean instead of the vacuum extractor and forceps, or done a cesarean earlier, will have to be decided by the jury when both sides finally have their day in court.

Duty to Advocate for Patient

According to the patients' nursing expert, a labor and delivery nurse is expected to review the prenatal records for problems and correlate these findings to the labor and delivery process.

The nurse should understand the clinical significance of protracted labor disorders, particularly when concerns have been documented over the size of the mother's pelvis in relation to the size of the fetal head, referred to as cephalopelvic disproportion.

The patient's nursing expert correctly stated the standard of care for labor and delivery nurses.

The jury will have to decide the ultimate issue, that is, whether the physician would have listened and the nurse's advocacy would have changed the outcome.

The expert alleged the nurses failed to advocate on behalf of the mother and the baby.

The nurses failed to use the hospital's chain of command policy to advocate for a change in the medical plan as required by prudent nursing practice.

The nurse failed to recognize the clinical significance of the long and protracted labor curve during delivery.

The nurse failed to advocate against vacuum extraction or use of forceps to shorten delivery.

The nurse failed to recognize the significance of the mother's narrow pelvic arch and the need for a cesarean delivery.

Cephalopelvic disproportion is a condition in which the size of the pelvis is small in relation to the fetal head. It can make a safe vaginal delivery difficult or impossible.

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The labor and delivery nurse is expected to be a patient advocate and to understand the hospital's chain of command policies.

In the event a nurse identifies a clinical scenario that could jeopardize the well-being of a mother or baby, the nurse is expected to advocate for a change in the medical plan.

The labor and delivery nurse is expected to have a basic understanding of the indications and contraindications for operative vaginal deliveries, including the use of vacuum extraction and forceps.

Vacuum extraction and forceps are contraindicated in a patient with a dysfunctional labor, arrest of descent and a narrow pelvis. The use of both vacuum extraction and forceps is contraindicated in any given case, the patients' nursing expert said.

In this case the nurse should have requested a conference with the physician and a charge nurse and implemented the hospital's chain of command on the issue of whether to proceed with a vaginal birth.

The nurse should have questioned the safety of continuing with the Pitocin to augment labor, discussed the significance of cephalopelvic disproportion and raised the possibility of a cesarean delivery.

The nurse noted in her own nursing documentation that the infant was not descending well despite good pushing efforts.

The patients' nursing expert went on to relate the infant's cranial injuries, skull fracture, epidural and subdural hemorrhages and facial lacerations to the improper use of the vacuum extractor and forceps during delivery, which would have been avoided if the ob/gyn had performed a cesarean delivery.

In the nursing expert's opinion, advocacy by the labor and delivery nurse clearly would have avoided the unfortunate outcome.

The Court, however, while convinced the nursing expert had very ably stated what the nurses should have done and explained the rationale why, it was not her place as an expert to decide the ultimate outcome of the lawsuit, that being the job of the jury. ***Weatherford Texas Hosp. v. Riley***, 2011 WL 2518920 (Tex. App., June 23, 2011).